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ABSTRACT

As part of a 2 year demonstration project to evaluate the effect on the mental health of physically handicapped children placed in organized group activities with their nonhandicapped peers, two research instruments were used. The monograph discusses one of the instruments, the Self-Image Evaluation. A synopsis of the project is provided; and a brief history of the Self-Image Evaluation is included. Use of the testing tool with handicapped and nonhandicapped children, children in foster home care, and in the children's integration study is reported. Illustrations of the use of the testing device taken from the demonstration project are also included. The test's applicability to social work practice, such as to show that children can communicate indirectly through no response to questions that are disturbing, and to suggest that it is important that what the child reveals through the test be obtained before too much credence be attached to the parent's presentation of the child's problem, is made. The second research technique, the Comprehensive Family Rating technique, is discussed in EC 032 229. A detailed presentation of the entire demonstration project is found in EC 032 330. (CD)

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THEY CAN COMMUNICATE

Self-Image Evaluation

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EC 032 228E

Monograph I

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INTRODUCTION

During the preparation of the chapters on methodology for the final report of the Children's Integration Project, it became increasingly evident that there were two research instruments that had wide applicability to the entire field of social work practice. These were the Self-Image Evaluation and the Comprehensive Family Rating.

It was decided to present the two instruments in monographs, the first one being a discussion of the Self-Image Evaluation. Although interpretations and conclusions can be drawn from each of them independently, a fuller appreciation of a person in his environment can be had by the interrelation of the two.

As the Comprehensive Family Rating evolved out of the Children's Integration Project, and as the Self-Image Evaluation was further tested by this project, a brief summary of the Final Report will be included here to give the most recent working setting for these instruments.

The Children's Integration Project[1], co-sponsored by the National Institute for Mental Health, was a study of orthopedically handicapped children and their families who participated in a two-year demonstration. The objective was to evaluate the effect on the mental health of children placed in organized group activities in community centers and settlements. "Mental health" was defined as the child's social functioning in the home, in school, and as reflected in his self-image. (It was assumed that if the center experience could be reflected in improvement in the child's self-image, this would be a most important indication of improvement in mental health.)

The two major hypotheses of the study were that 1) the mental health, as defined above, of orthopedically handicapped children, is improved through association with their non-handicapped peers; and 2) that the satisfactory integration of handicapped children into the New York City neighborhood centers can be accomplished without the employment of special and/or additional center staff, or without the need for special training of staff or specific equipment.

Following the casefinding and screening, 230 children aged 6 to 12, referred to the study from hospitals and school health classes, met the study's criteria: 1) that the disability be visible by the child's non-handicapped peers; and 2) that the disability not be so severe as to preclude participation in some group activity.

The project officially began April 1, 1965. The demonstration in the center programs took place during the two years (October to May) of 1965-66 and 1966-67. At the beginning of the demonstration phase, 45 community centers in Manhattan, Brooklyn, the Bronx and Queens were prepared to accept the 170 children in the experimental group, aged 6 to 12 years. There were 60 children who were not assigned to a center program, who made up a control group.

The basic data from children and their families were collected by means of depth interviews at 3 points in the demonstration: before the center programs began, at the end of the first year, and at the end of the second year. An important part of the interview schedule used with the child was a series of self-image questions and sentence completions which was re-

peated in the interviews at the end of the first and second years of the demonstration and used to assess direction of change, positive or negative, in the child's self-image. Similarly, the parent interview schedule included a series of questions distributed throughout. The latter was designed to elicit direction of change in parents' attitudinal and behavioral responses vis a vis the handicapped child that included comparison with the handling of the non-handicapped siblings from the first baseline interview. The responses to these questions were conceptualized into the instrument, the Comprehensive Family Rating, which is discussed in the second monograph.

A comparable precedure was used to obtain direction of change from a baseline evaluation by the child's teacher at the beginning of the project and at the end of the first and second year of the demonstration. This evaluation was divided into three components: Academic Functioning, Social Functioning (relationship to peers) and Relationship to Teacher.

The group leaders at the community centers described the extent and quality of the child's participation; and all of the children, including the study child, listed the members of the group in order of preference.

A Change Scale was devised to show:

1. Change in the child's behavior in the home as evaluated by the mother;
2. Change in the child's functioning in school as evaluated by the teacher;
3. Measurement of change in the child's self-evaluation.

On this scale, change in a positive direction was shown by 29.6 percent more children in this group (who had the center experience)

than in the control group. Further, the control children did less well academically and in relationship to their teachers. These provided evidence that the Experimental Children benefitted from association with non-handicapped children and from contact with the young group leaders at the center.

The following discussion shows how the Self-Image Evaluation evokes sensitive communication with children regarding personal, self-evaluative data. It is the writer's belief that the "respondents" in research studies have too often not been given the status of true participants. In an elusive search for objectivity that seems to be predicated on the superiority of check lists and pre-coded answers at the expense of open-ended questions that require skilled interaction on the part of the interviewer, confidence in the ability of the respondent to give reliable data has not been sufficiently developed. Without observation, listening, and communicating to the "subject" a sense of the importance of the material he can give, reliable data cannot be obtained and objective assessment of the meaning of the responses is thereby minimized.

In a world increasingly depersonalized, mechanized, and more recently, computerized as well, sensitive communication assumes an importance not always clearly understood - even in a profession such as social work that uses communication as a highly skilled technique. This is apparent in a number of ways. Especially relevant is the lack of awareness of the stereotypes that persist - stereotypes that block effective communication on any level, and certainly on a sensitive level. These may be vestiges

of prejudicial and discriminatory attitudes toward low-income and minority groups; or the utilization in social work of theories incapable of validation; or uncritical acceptance and integration into practice of theories as if proved. All these are so interrelated as to be inseparable, for stereotypes are perpetuated by unscientific theories.

Especially relevant to a discussion of meaningful communication based on the concept that human beings -- young children as well as adults -- are capable of self-evaluation, are the following stereotypes:

- In practice:
  The persistance of the belief that our clients and patients are not capable of explaining their real problem.*

- In research:
  Skepticism prevails regarding interviewees' ability to provide significant and reliable data relevant to the research problem* unless the researcher provides a structure that limits the responses.

In practice, the client or patient is not considered capable of explaining his real problem both because of prejudicial attitudes and uncritical acceptance of the pyschoanalytic theory of the unconscious which has long been recognized outside of social work as incapable of validation through accepted scientific methods.[2] In research, the skepticism is often most prevalent if the respondents are of low-income and minority group status. This has resulted in a tendency to over-emphasize precoded questions that facilitate analysis of the data at the expense of open-ended questions that might contribute new understanding of

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*It is assumed that the clients, patients or interviewees are in touch with reality.

the problem. In addition, interviewees are referred to and thought of as "subjects" of research.

In the Children's Integration Study, described briefly in the Introduction, meaningful communication was possible with adults and young children from middle and low-income families of different religious beliefs, ethnic origin, and color. The children were aged 6-12, a few of whom had not yet reached their sixth birthday when first interviewed prior to the beginning of the demonstration, but were in kindergarten. In the writer's research, so-called subjects are considered participants in the study. In this role, they are given an explanation of the purpose of the research as well as some understanding of what will be required of them, e.g., the importance of explaining to parents why we wished to interview their handicapped child alone so that the latter's participation in the study would be genuinely his own.[3]

It was social work's failure to utilize fully the interview-skills unique to this profession that provided much of the stimulus for conceptualizing instruments to facilitate the most meaningful communication possible. The objective of this monograph is to show the wealth of significant data that can be collected through trained interviewers and actively participating respondents; and to highlight the role of this instrument to enhance the use of this material in social work practice in a variety of settings.

I. SELF-IMAGE EVALUATION

The theoretical research that initiated the writer's ex-

perimentation with obtaining self-evaluation or self-image data evolved out of considerable practice, teaching and research over a period of twenty years. During this time, the concept and a beginning self-image instrument were used, first with adults, then adolescents, and more recently, in the Children's Integration Study with young children. Accordingly, it was thought pertinent to provide some historical perspective to clarify the way in which the instrument evolved in the work of the writer.

History of the Instrument

The writer's self-image instrument has its origins in social work practice in Kings County Hospital when she was on the faculty of the Downstate Medical Center of the State of New York as Teaching and Research Associate in Psychiatry (Social Work) from 1948-1952. The writer's assisgnment involved direct contact with patients on the wards and in the psychosomatic clinic where she had both administrative and treatment responsibility. In addition, the writer supervised social work students, taught fourth year medical students and residents in psychiatry and in psychosomatic medicine, as well as physicians on the medical wards on which psychiatric and psychosomatic consultation were available. These varied responsibilities made the writer aware of communication blocks between the low-income minority group patients served by Kings County Hospital and the predominantly middle-class medical, nursing and social work staff, and students. All of this stimulated experimentation with a more meaningful approach to patients' social history, beginning with the data required for presentation at medical and psychiatric conferences.

During the psychiatric conferences, in particular, the writer was struck with the fact that the usual chronological life histories did not seem to make clear to the medical and psychiatric staff the interrelationship of patients' environmental deprivations and pressures and their illness. Nor did the chronological history data seem to provide clues of significance for the diagnosis that the writer had gained from interviewing patients. This frustration together with the stimulus from beginning doctoral studies stimulated an innovative approach to social history taking. This was based on a concept of the interaction of human beings and their environment -- a concept that subsequently led to the writer's conceptualization in social work practice and research of the relevance of self-image data.

An Innovative Approach to Social History Data

The above stimuli together with the decision to undertake a dissertation that would include interviewing a random sample of hospitalized patients in order to test the relevance of social data for an understanding of illness, (i.e., diagnosis), suggested a new concept and format for obtaining essential social history data. It seemed more logical from the viewpoint of both patient and physician to consider the patient and his environment in an interacting relationship rather than in the parallel one that is implicit in the chronological approach to social history data. This would involve beginning with a clear understanding of the presenting problem - the illness, and the circumstances surrounding this such as the onset, what the patient did regarding his illness, and when; also, if the admission was not on an emergency basis, what precipitated

seeking admission. The writer's experience in Kings County Hospital brought home to her that patients served by this hospital did not have much confidence in a municipal hospital even in the late 1940's since such hospitals historically had the reputation of being places to which you went "to die", not "to be cured." Well-to-do patients were treated in their homes until development in the middle and latter part of the 19th century made possible improvements in hospital care through, for example, asepsis, the lack of which had made for epidemics in municipal institutions.[4]

An illustration of what is meant by an interactional as opposed to a chronological approach is the effect of illness on patients in a municipal hospital: whether the illness solves a problem by removing them temporarily from other problems and responsibilities, and temporarily relieves them of despair over their current situation; or whether it creates problems such as concern over the care of family, including children left at home if the patient is a mother; or loss of income if the patient is a breadwinner. Other illustrations are found in the brief summary of the social history outline used experimentally on the wards and then applied to the case study portion of the writer's dissertation in interviews with a random sample of adults (aged 21 to 82) within 48 hours of their admission to the teaching medical wards. (See page 13). The writer was applying a concept of social work's role as described by Plant in 1939 "its contribution to the social order in terms of a constant stream of valid information as to what the pressures of the various institutional structures mean to the individual."[5]

Beginning Experimentation With Self-Image Questions With Adults.

Experimentation with self-image questions was stimulated in part by the doubts of the writer's Committee on Doctoral Outlines that patients in a hospital like Kings County would be capable of participating in the planned interview. This resulted in the inclusion of some self-evaluative questions in the proposed interview outline.[6] The questioning of the Committee based on the prevailing stereotypes concerning low-income minority groups in the late 1940's and 1950's made it even more important to test the writer's hypothesis that all individuals, (except those not in contact with reality) whatever their diagnosis, can provide significant clues to their problems; how they see and evaluate themselves with respect to their social functioning; their goals, aspirations, the kind of opportunities made available to them, and the like.

An underlying assumption is that human beings learn outside of formal educational institutions, i.e., from life experiences and from their associates; also from trying to understand why the environment impinges differently upon different classes of people. This assumption also assumes that intelligence exists and develops outside of formal institutions of learning. Accordingly, those who are poor and from minority group backgrounds may and do acquire insight into the functioning of societal institutions directly through the pressure these bring to bear on them, e.g., difficulties in providing for basic survival needs. The insight thus developed is frequently superior to that obtained by middle-class persons through courses and intellectual discussions. A graphic illustration

of this is to be found in the recent observation made by college administrators, faculty and students, that more was learned by a week in Washington, lobbying for peace, than by taking a course in political science for a whole year. It would take another monograph to do justice to the differences in awareness of the impact of environment between the poor and the well-to-do. The Depression of the Thirties brought this home to a very large proportion of the middle-class.

On the basis of interviewing patients on the hospital's teaching medical wards preparatory to a decision as to the clinic to which they should be referred, the writer evolved an interview guide for obtaining more significant social history data, more quickly. The writer's direct contact with patients had brought out patient's lack of confidence in the administration and their awareness of the derogatory and discriminatory attitude of a majority of the medical staff, in particular, the chiefs of service.

Accordingly, in the dissertation, the writer tested the hypothesis that the Kings County Hospital patients are capable of participating in a depth interview in accordance with the interview schedule outlined below. The dissertation's major hypothesis was: Admission of adults to the general medical wards of a public metropolitan hospital provides evidence of social imbalance related to the physiological imbalance for which hospitalization was sought. Social imbalance and social balance were conceptualized on the basis of an interactional rather than chronological conceptualization.

The interview outline (See below) using the interactional

concept began with the circumstances surrounding the onset of patients' illness and the events at home that led to hospitalization. Focus was on patients' current social functioning: whether primarily as parent, breadwinner, combination of roles, e.g., a grandparent; clues to their satisfaction or dissatisfaction with this functioning; their goals; whether they thought they could achieve these; and what they were doing about it; their major social and personal problems; their views regarding the possibility of solutions.

The followed the usual social history data that led to questions such as: What kind of person are you? Suppose you had to tell someone the kind of person you are, what would you say? How do you think you became the person you are now? What is your opinion of your present life? What are your satisfactions? -- dissatisfactions? What connection, if any, do you see between anything you have told me and your coming to the hospital at this time? What effect does it have on your role in your family?

Patients were surprised to be asked these questions but not displeased and the responses were significant. Few difficulties were experienced in their understanding of the questions. The response from minority group patients, in particular, Negroes was: "I am like everybody else, just a normal person." (This is comparable to responses of the handicapped children in the Children's Integration study when asked to fill out a sentence beginning: "I would like to be treated .....")

The Interview Outline

Circumstances surrounding onset of illness.

Data as to patient's current social functioning (satisfaction or dissatisfaction)

Data as to patient's goals - satisfaction or dissatisfaction.

Data as to patient's major problems - satisfaction or dissatisfaction.

Data as to patient's preparation and resources for social functioning and problem solving. Opportunities available.

Data re early familial environment: kind of community, social status of family, including color, ethnic origin, religion, etc. education, vocational training.

Data as to opportunities available and utilized.

Data as to connections between any of the above and the illness (or any social problems) (Patients did not have to use their illness. This question was posed in general terms.)

It is apparent from the foregoing that more than the social history outline was changed. The underlying concept was changed as well, and since this concept is relevant to the self-image concept, it needs clarification.

The conceptualization that led the writer to experiment, both in practice and research, with obtaining self-image data can be described as follows:

> Human beings are viewed as functioning in a variety of groups, increasing this functioning as they mature into adulthood in new and different roles, some major, some minor. For children, such groups and/or roles are chiefly familial, educational and with peer groups in a number of different settings. For adults, in addition, there are primarily social groups: cultural, religious, professional, ethnic, civic, political, and the like. Such participation may be minimal or maximal but it is mainly through participation in groups that individuals establish and maintain a relationship with the society as a whole. In this participation or functioning, there is a dynamic unity in which change, and, especially for children, growth,

are an integral part*. There is, in addition, a consistency though the latter is less stable for children than for adults.

Despite change in their functioning, for adults and children (the latter occurring through different peer group relationships beginning when adolescents move away from family relationships and pursue goals away from home), a kind of consistency* is discernible unless there is some mental disturbance. It is this consistency in an individual's interaction with his environment, despite change and growth that makes possible discerning a characteristic pattern of interaction. This pattern constitutes a reflection of the individual's personality based on his participation and the opportunities available. Though modifiable by significant changes in the environment and/or in the individual, especially in times of rapid change in the society, there is a core in which is reflected the interrelationship of hereditary and environmental influences, i.e., the cumulative impact of the interaction of the individual and social environment on a continuing basis. It is this core that constitutes the uniqueness of the individual, the pattern of behavior characteristic and descriptive of the individual that tends to be consistent, despite change on a continuing basis.[7]

Adults frequently comment on how much they have changed only to be reminded by old friends or members of their family that the pattern of their behavior is not essentially different from that of an earlier period. By pattern of behavior is meant, for example, that an individual is characteristically responsible or not; independent or dependent; slow or fast to make decisions in a crisis; has a high or low tolerance for frustration, and the like. This is not to say that the culture of a given society does not influence significant change in individuals if it is supported persuasively, as in the case of the influence

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*Without such consistency, it would be necessary to make innumerable decisions about routine methods such as are observed on the part of the mentally ill. This makes possible distinctions between important and unimportant acts, with major decisions made on the basis of principles.

of the mass media on children and adolescents.

A graphic illustration of this influence is the persistent cultivation of youth as consumers by business with the help of the press and TV -- the former through the rash of teen magazines; the latter because business pays for and controls TV advertising. This cultivation has done more than is generally realized to create the illusion of a teenage culture when it is primarily a seduction of the teenager to conform in outward appearance, mores, and behavior generally and through the use of teenagers as interviewers and researchers to create a pressure for conformity within this group that so far as sex and drugs are concerned has become relentless.[8]

Most striking, regarding U.S. participation in the Vietnam War, is the closing of the "generation gap" in the academic world which is providing youth with the guidance and leadership they have long needed. Within this alliance for constructive goals, is to be found changes in individuals of varying character and intensity, who were -- or thought they were -- neutral. Notwithstanding the changes observable in the various groups of people involved in this change, i.e., faculty, students, parents, union leaders, lawyers, and other professionals, it is the writer's thesis that upon careful study of the individuals within the above mentioned groupings, one would find the roots and core of a pattern of reaction that was characteristic of the individual.

Through group participation, beginning with the individual's participation in family life, a pattern of interaction with environment characteristic of the individual develops. This char-

acteristic pattern constitutes a reflection of the individual's personality and is established early. This is confirmed by child development research which notes that "The concept of the child who is forever pre-occupied with responding to his environment is giving way to an image of one who is striving to master and give meaning to his experience."[9] Piaget's research findings have since their inception made clear that even very young children think.

Experimentation With Self-Image Questions with Adolescents

In the study referred to in Reference No. 8, directed by the writer from 1958- 1961, there were a number of different self-image questions. The study population consisted of 600 adolescents of both sexes, aged 12 to 19 years, who were interviewed in Social Hygiene Clinics at New York City's District Health Centers.

The lengthy depth interview included a wealth of open-ended questions, among them a variety of self-image questions listed below. It should be pointed out that before beginning the study, the writer was discouraged from going ahead with the study: "The adolescents in the City's slums, (delinquents, as they were called), would not talk to any middle-class persons." Following six weeks' experimentation by the writer, it was clear that when the individual was not condemned, though anti-social behavior was not condoned, the writer and other "middle-class" social workers had no problems in communicating. The goal was to understand them, their problems and concerns.[10]

The response to the research interviewing as a whole pro-

vides a graphic refutation of both stereotypes described at the beginning of the monograph. The teenagers were more concerned, reflected far more anxiety and guilt than the writer had been led to believe.

The self-image questions used in this study, listed below, are not in the order in which they appeared in the interview schedule, rather in an order that is relevant to an understanding of the writer's concept of the self-image. There are questions that are direct self-image in the sense that they reveal essentially how the teenager sees himself in relation to the groups of which he is a part: peers, family, goals, adult identification, as well some that are indirect self-image questions.

Direct Self-Image Questions	No Responding (N=600)
*What kind of person are you? (And to permit the youngster to understand and think about his response, the following probes were included: If you had to tell someone about yourself, what would you say? Or, if you were applying for a job and had to describe what you can do, and the kind of person you are, what would you say?)	588
*Teenagers sometimes feel discouraged and either make light of what they can do or what they do; or they feel too confident and boast. At such times they say what they think about themselves. What are you likely to say and do?	
*When you are with a group of friends and acquaintances and you talk about the future, do they want the same things you do?	
With whom do you spend most of your time?	594

*This set of three questions was analyzed as a group, recognizing that some might not be able or willing to respond to all of the probes.

Direct Self-Image Questions (cont'd)	No. Responding (N=600)
If anyone came to you for information about sex, what would you tell them? (This was usually interpreted as a peer.)--------	597
If any teenager came to you for information about contraceptives, what would you tell them?----------	598
If any teenagers came to you for information about venereal disease, what would you tell them?----------	599

The following question provides insight into peer group relations and <u>also</u> insight into the character of their adult identifications. It can serve as a transition between the two categories of self-image questions used.

What do you think the boy's responsibility toward the girl and the baby should be in the event of an illegitimate child? ----------	591

(As can be seen by the number of respondents, this above question was directed at both girls and boys.)

<u>Adult Identification</u>

Whom do you want to be like when you grow up?---	590
What do you want to be?----------	597
What are you doing about it?----------	593
Why do you think it is important to work?-------	582
What do you want out of life?----------	597
If you were in trouble, to whom would you go?---	590
Are there some things you have done that you are dissatisfied with, ashamed of, or wouldn't do again?----------	588
Do your parents know about your sex experience?-	588
Do they, or would they disapprove?----------	600
Do your parents know that you have or have been exposed to VD?----------	584

Adult Identification (cont'd)	No. Responding
What did they say, or what would they be likely to day?	600
What did they do, or what would they be likely to do?	600
Do you feel that your sexual activities are in conflict with your religious beliefs?	531

The following two questions have to do with the kinds of "minor" anti-social acts common to younsters in our urban ghettos. The first part had a series of such acts which the youngster was asked to check off. These questions are included in the adult identification category since they reflect the internalization of right and wrong that is at the core of an adolescent's identification with adult society:

Questions	
Teenagers sometimes do things when they are growing up because they see others doing them, even though they know they are not right. Have you done any of the following?	533
(-- the items ranged from driving without a license, and playing hookey to gambling, smoking marihuana, and petty stealing.)	
Have you ever gotten into trouble with the police?	598

The consistency of the responses together with the large proportion of responses to these questions confirm the writer's evaluation of the quality of the communication that is reflected.

The foregoing experimentation, first, with adults and then with adolescents, confirmed the writer's opinion that youngsters, like adults, are thinking about their place in the family, their relationship with parents and adults outside the family as they get older; are concerned about their future, <u>especially</u> if in

low-income and minority group families. They were likely to be concerned even if they were drifting -- as so many in the VD study were -- or had become entangled in problem situations with which they needed help but did not know how to go about getting it.

One more descriptive note is of relevance with respect to obtaining self-image data from these adolescents. It hardly needs to be pointed out that the writer had engaged superior interviewers -- all of them caseworkers. Nevertheless, one of the most difficult training problems encountered was enabling the social workers to obtain significant self-image responses. The block was due to their clinging to the sterotype mentioned at the beginning, that the younsters we were interviewing could not possibly provide this kind of information! And lack of confidence in the interviewee's ability to respond constitutes a major obstacle in sensitive communication.

SELF-IMAGE INSTRUMENT

As a result of the above experimentation with adolescents, the Self-Image Instrument evolved, and the writer looked for an opportunity to obtain self-image data from a younger age group with the confidence that even young children could provide self-evaluative, highly personal data. This opportunity came in 1965, with the Children's Integration Study. During the study period, four master's theses using self-image questions, were supervised by the writer who was at the time a professor of research at the Adelphi University Graduate School of Social Work. Since these theses were completed before the Final Report of the study, they are discussed first.

First Use With Handicapped Children

In the thesis: "The Meaning of Integrated Group Participation to the Handicapped Child and His Family,"[11] completed in 1966, a study was made of 36 children who had been a part of a pilot project at New York Service for the Handicapped. The children were placed in neighborhood centers during the proceeding two years. Both child and parents were interviewed in the home to ascertain what attitudes or influences brought about the decision to return or not to return to the center program the following year. The interview sought data as to whether the child's self-image affected the decision; the agency records indicated whether the child's adjustment to the group or the quality of leadership affected the decision.

The self-image instrument of the Integration Study was used here, with some additions. The findings indicated that factors such as the need to make transportation arrangements and pay for the cost seemed to have an over-riding influence on whether or not the child returned. Once this was recognized, it was clear that the quality of adjustment in the community center affected the child's desire to return and influenced the family's decision even though this did not necessarily overcome the economic factor of cost and the problem of arrangements. It was the improved self-image of the child that helped him to make a better adjustment. Moreover, the children who did not return for reasons other than transportation or other procedural difficulties, had the largest proportion of negative or ambivalent self-image ratings.

Use With Severely Handicapped Children

The thesis: " Study of the Problems of the Severely Orthopedically Handicapped Child and His Family,"[12] completed in 1967, had as its objective the examination of the "problems in every day life for twelve severely orthopedically handicapped children and their families." There were two home visits and two in-depth interviews with each family, with two students assuming alternately the role of interviewer and participant observer-recorder for each family. Included was a self-image interview using the self-image questions from the Integration Study with some additions. Another objective was that of "examining the role of parental attitudes vis-a-vis the handicapped child's ability to achieve self-development within the realistic limitations of his physical handicap." The study's conclusion divides the twelve families into three categories along the lines of the Integration Study rating of families - facilitating, questionable, and deterring, with respect to affecting the child's potential for self-development. This study has direct application to any practice situation involving parent-child relationships, for a detailed examination of the self-image and parental interviews would make explicit the areas where parental attitudes and handling needed change; also where societal lacks and handicaps constitute serious obstacles to the handicapped child's development.

"In comparing child and parent interviews, it was found that there was often inconsistency between what the parent and the child reported. The majority of these incomsistencies in all cases occurred in the areas of the child's role in the home,

his peer activities, and aspirations. For example, parents reported giving chores that were appropriate and meaningful. However, their handicapped children saw their chores as insignificant and limited to what is described as 'busy work'.

"Parents usually reported the child to be more physically active both in the home with siblings and with peers than did the handicapped child. For example, a majority reported that the child had many friends invited into the home, whereas the handicapped child stated that friends were seen only outside the home. Similarly, a majority considered their handicapped child to be engaged much as a 'normal' child in family life and with peers. On the other hand, the handicapped child reported himself to be more limited or more left out of normal activities than did the parents.

"There was a range of differences in terms of the aspirations held by the parent for the child and those expressed by the child himself. Half of the families had aspirations consistent with those of the children while there were some that were vague and also some that were inconsistent."

In analyzing the data, specifically the role of parental attitudes vis-a-vis the child's ability to achieve self-development within the realistic limitations of his physical handicap, it was found that "the severity of the handicap, the family's socio-economic situation, family composition, or knowledge and use of services did <u>not</u> in themselves determine the degree to which the child was motivated to realize his potential for development." Parents were recognised as the primary means of influencing the child's capacity for growth which in turn would

mean that the parental attitude toward the handicapped would be influenced by societal attitudes and their own ability to cope with the handicap. This, in turn, would set the tone for the family life style and provide opportunities for the child's development. Parental attitude was rated in terms of whether it was predominantly facilitating or deterring in meeting the child's needs in the following aspects of child-rearing: daily routine, mobility, role in family, peer activities, family activities in and outside the home, parent-child and child-sibling relationships, aspirations and self-image and family's knowledge and use of resources. In a few, it was difficult to make the distinction since the attitude contained both positive and negative elements. It is pertinent to point out that in the facilitating families, the child's self-image was invariably positive and consistent with the realities of the family situation.

From the material gathered and analyzed in this study, it is evident that parental attitudes have a significant effect on whether or not the child achieves his potential for growth, recognizing that parental attitudes include, to some extent, societal attitudes as well.

In addition, it was found that some children in this study whose physical handicaps were most severe had more positive views of themselves, were engaged in more active, successful, independent endeavors and were more positively involved in social interaction than were children whose physical handicaps were less disabling. The differentiating factor seemed to be due to the parental attitude and how this attitude facilitated the child's development by providing opportunities for achievement. It was

interesting that a stress on independence as seen in one deterring family was not, in itself, enough to assist the child. These parents did not provide opportunities for the child to realize the self-reliance that they stressed and the result was frustration and a feeling of unworthiness on the part of the child.

On the other hand, as seen in another of the families rated as deterring, the parents assumed all responsibility and did so out of feelings of pity and a belief that the child felt totally helpless. The attitude verbalized to the child was that she should be more independent. Since they did not provide opportunities for her to gain independence, this attitude served a contrary purpose, namely, to intensify the child's feeling of helplessness.

The thesis concludes: "It is apparent from our case by case analysis that a child's positive or negative view of himself corresponded with whether the parental attitude was facilitating or deterring. It would appear, therefore, that the child's self-image is affected by the messages he receives about himself from significant others in his familial environment." From the findings of this study, it is possible to infer that a child's self-image, as described in the monograph, can provide an accurate picture of parental attitudes, behavior and child-rearing. (See thesis, p. 91.)

Use With Non-Handicapped Children Who Have A Handicapped Sibling.

The thesis: "A Study of the Self-Image of Children With an Orthopedically Handicapped Sibling,"[13] completed in 1968, permitted the use of the self-image instrument with a group of 42 youngsters of comparable age to the Integration Study children,

but who were not themselves the focus of social work intervention. The handicapped siblings participated in the Integration Study, and although the analysis of data was not completed at the time of this thesis, the ratings from the Self-Image Instrument were available for comparison with those of the non-handicapped children. A major objective was to find out whether the family social situation and child-rearing practices reflected differences in the self-image of the handicapped and non-handicapped children.

In addition to relevant questions from the Self-Image Instrument and also to the additional questions listed in the next section on children in foster care(See pages 29 and 30-31.) The following questions were asked:

When you are with your friends, is _____ (name of handicapped child) included? ( ) Yes ( ) No.

Describe, if "Yes" _____ If "No", explain what you think might be the reason.

What nickname(s) does _____ (name of handicapped child) have? Who calls him this (these)? _____

a. Do you think _____ (name of handicappe child) gets special treatment? ( ) Yes ( ) No. Why? ___ From whom? _____

b. Do you feel this special treatment is necessary? ( ) Yes ( ) No. If "No" how do you feel about it? _____ If "Yes", explain. _____

c. What do you understand about _____ (name of handicappe d child)'s handicap?

Brothers and sisters of handicapped children often have special things to do and sometimes they don't like doing them.

a. What special things do you have to help _____ (name of handicapped child) with?

b. Does _____ need you to help him (her)
(name of handicapped child
with chores?

How do you feel about helping him (her)?_____

It was found that 40 percent of these children had a positive rating on the Self-Image Instrument, whereas 70% of their handicapped siblings had a positive rating. This was an unexpected result, since an assumption of the study was that the non-handicapped children would reflect a larger proportion of the positive Self-Image ratings. Similarly, 14 percent of the non-handicapped showed a negative rating in comparison with 4 percent of the handicapped siblings.

The research interviewers had some question as to the substantially higher rate of positive Self-Image scores among the handicapped, and in searching through the literature on orthopedically handicapped children the following reference was found that offers an interpretation of this phenomenon:

> If a person who was below standard in one characteristic felt inferior only in that regard and not in general, his feelings of inadequacy would not be destructive of the personality. They may, in fact, be salutary, for recognizing one's real limitations is an admirable prophylactic against futile effort, costly of time and morale.[14]

It was the consensus of the student researchers that another explanation may be found in the additional attention a handicapped child requires from parents. This attention is often seen by the non-handicapped sibling as special favoritism, irrespective of the meaning this has for the handicapped child. The researchers suggested that without denying the handicapped child, more consideration be given to the needs of the non-

handicapped siblings to help them to understand the implications of a physical handicap.

Use With Children in Foster Home Care.

In the thesis: "A Study of the Self-Image of Children in Foster Care,"[15] completed in 1968, 46 children were involved. The Self-Image Instrument served not merely to answer some crucial questions about how children feel when removed from their homes, their views of their foster home, and the like, but also to compare what the child stated in the self-image data with that obtained in the usual way, and recorded in the foster home agency's records. Students were not given access to that agency's records until their data had been obtained through a brief interview with foster mother and a more extensive interview with the foster child. Students knew only what could be inferred from the identifying data essential to obtain the foster family's permission to participate in the study. The study was designed to answer the following questions:

> What does the child understand about the reasons for placement away from his own home?
>
> What inferences can be drawn from the self-image data as compared with the data in the agency's case record regarding the following:
>
> 1. the child's relationship with own family;
> 2. the child's relationship in foster home; and
> 3. differences between child's view of the above relationship, the social worker's view, and foster parents' view.

In short, does the child's self-image provide more realistic and more meaningful data than that available in the agency's records? One of the assumptions underlying this particular test

of the Self-Image Instrument has special relevance here, namely, that a focus on problems -- problems over which a child has little or no control -- does not in the writer's experience make for easy, spontaneous communication about personal matters early in an agency's contact; on the contrary, it discourages self-evaluative views, especially since this tends to make the child feel he is somehow being held responsible, in part at least, for events he may not even clearly understand, or he may feel he was removed from his home because he was bad.

In summary, major objectives of this study were: 1) to obtain clues as to whether a foster child's self-image reflects realistically what is known about the foster child's family and own family, as recorded in the foster care agency's records; 2) to find out whether the self-image data provide insight into the foster's child's social adjustment; 3) whether clues to areas of difficulty may be discerned before serious problems develop, and/or before a child is able to communicate his concerns directly.

The Self-Image Instrument (See p.36) used in the Integration Study was also a part of the interview with the child, with the addition of the following questions that related particularly to the circumstances of these children:

If you were on a desert island, what person(s) would you pick to live with you?_____ Why would you pick_____and_____?

Who would you most want to be like?
1._____ Why?_____
2._____ Why?_____

What would you want to be when you grow up?
1._____ Why?_____
2._____ Why?_____

How far would you like to go in school?_____
Give your reasons:_____

What things does your Foster family do together?
(*Foster is inserted in this thesis)

a. In what ways do you help around the house? _____

b. What kinds of chores do you like?_____

c. What kinds of chores do you dislike?_____

16a. You have a different last name from the family you are living with. Why is this so?_____

16b. Why do you think you are living away from your own family?_____

c. How was this explained to you?_____
By your parent(s)?
By your foster parents?
By your social worker?

16a. In what ways do you think foster children are different from children who live with their own parents?_____

16b. In what ways are foster children treated differently than children living with their own parents?_____

a. We know that children in families have quarrels(fights). What kinds of things do you fight about?_____

b. Who usually starts it?_____
c. How does it usually end?_____

a. About how often do your own parents visit you?_____
b. What is it like when they do?_____

Where do you see members of your family, including parents?
_____

Who usually comes?_____

If you had some problem or worry, to whom would you most like to talk about it?_____ _____

a. What two things do you like most about yourself?
1._____
2._____

b. What two things do you like least about yourself?
1._____
2._____

[17]Sentence Completion:

Compared with others, I_____
At times I have felt ashamed of_____
People who do things for other people are_____

The findings showed that there is a significant relationship between a child's understanding of his role as a foster child and his self-image. Further, there is a significant relationship between the child's understanding of this role and his adjustment to placement. In fifty percent of the cases, the Self-Image Instrument yielded clues to problems revealed by the child that were not found in the foster care agency's record or verbalized by the foster mother in the s tudy interview. It would seem as if the Self-Image Instrument has predictive potential and might be tested in practice since it is possible to check the predictions against family background data obtained by social agencies or made available to them. Such a test would be facilitated by using the instrument first (i.e., before any intensive interview with parents.) This would make it possible to focus contact with the child's family rather than obtaining social history data in the hope of obtaining insight into parent-child relationships.

In the last two theses just described, an additional objective was to examine t h e usefulness of the Self-Image Instrument with persons who were not physically handicapped. Accordingly, the findings mentioned above have marked applicability to general social work practice where the use of the Instrument has diagnostic and predictive potential. The theses were in agreement as to the level of confidence in the Instrument to provide significant and reliable clues to the self-image of the children interviewed in a one-time interview.

Use In The Children's Integration Study

It is significant that in the one-time use of the Self-Image Instrument, as described in the Master's Theses with both non-handicapped and handicapped children, as well as when the instrument was used at three different points within the two-year period of the demonstration, the questions that provided the most meaningful and most reliable insight into a child's self-image were the same for both. This will become clear in the illustrations that follow. Pertinent here is the fact that the sentence-completion portion of the instrument, requiring as it did that the child project himself into a series of situations having relevance for his life experiences, reflected most graphically and reliably the child's reality; his concerns as well as his satisfactions; problems as well as achievements, including in some instances, problem areas not clearly discernible from the social background data.

Responses to direct self-image questions such as "What two things do you like most about yourself? ..... least?....." were also highly revealing. These particular questions were troubling to a number of the children, notably to those whose self-image was largely negative, or contained aspects that were positive and others that were negative. It is, therefore, not surprising that these questions, introduced in the second Self-Image Interview, elicited the largest proportion of "don't know," or inappropriate responses.

This is not to imply that the other questions in the Self-Image interview were not of importance. It is to imply that in some of the other questions, e.g., choice of vocational goals;

identification with adults and aspirations were more likely to be changeable, and to change in response to immediate events that might or might not be included in the family background material. These and other aspects of the Self-Image Instrument are described and illustrated in the section that follows.

In the Children's Integration Study, each of the three interviews had a separate schedule* for use with the children. Parents had been informed that we would be talking with their handicapped child alone since we wanted to learn how the child viewed himself. However, it was left up to parents whether they or the child were interviewed first. Generally, parents were seen first. Interviewers noted and observed parental attitudes while the child was being interviewed, specifically, whether they permitted the child to answer for himself. This was taken into consideration in the analysis of the data. Even if the interviewers had not noted parental attitudes,** this could usually be inferred from a comparison between parent and child responses. A good illustration of this is the question as to whether the child ever forgets his handicap, as noted by the mother and the handicapped child. More difficult to discern is a covert attitude on the part of mothers who pretend, as it were, that the child does not

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*See page 36 for listing of questions in the Self-Image Instrument used in the Children's Integration Study.

**The last page of each interview with the family included the following: evaluation of physical condition of the home, atmosphere of the home, interaction between child and siblings, and also, with parents; conditions under which the interview took place; impressions of parents: their interest in the interview and comprehension of questions; together with other details about parents, their physical condition, and relevant comments; in the child's interview, observations of the parent-child interaction and impressions as to whether child looked for assistance from parents.

have a handicap and keep awareness of the handicap from the child and his siblings.

Illustrations from the Children's Integration Study of Responses to the Self-Image Instrument.

The following illustrations were chosen with the view of presenting as wide as possible a range of children's responses. They include black, white and Puerto Rican children from low and middle socio-economic groups, and from the youngest age bracket, 6 to 8 years old, the middle group, 8 to 10, and the oldest age group, 11 to 13 years old.

Where the Self-Image data are recorded in full, the explanatory and interpretive comments will begin on the left hand page opposite the self-image responses. In looking for the direction of the child's development, it is useful to follow the responses to each question horizontally, thus tracing the progress either positive or negative from Interview I to Interview III.

Only minimal family history is given for each illustration in order to enable the reader to appreciate fully how the responses of the child can provide insight into his life situation: his relationship to siblings, peers, parents and teachers; along with satisfactions, dissatisfactions and/or problems in these areas.

Interview I with both parents and children took place in the home before the study population had been divided into Experimental and Control groups. The Self-Image questions listed below were a part of the research interviews with the child, and were identical for children in both groups. The

interview began with a few questions about school, friends, and what they would like "to do right now."

There were some differences in the introductory questions in Interview II and III: for the Experimental group, these included the child's reactions to the center experience; for the Control, these included questions about any extra-familial or group experiences. The introductory questions served to direct the child's attention to thinking about himself, as well as to give the child time to establish a positive rapport with the interviewer.

SELF-IMAGE INSTRUMENT

1. If you had three wishes, what would you wish for?_____

2. Who would you most like to be like?
First Choice_____ Second Choice_____

3. What would you most like to be when you grow up?_____

4. a) What two things do you like most about yourself?_____

   b) What two things do you like least about yourself?_____

5. How far would you like to go in school?_____ Why?_____

6. (The projective sentence-completion question was adapted by the writer from Cruickshank for this population. The numbers following the letters on each question are those found in the Cruickshank instrument. See reference note No. 17. This question was given in all three interviews.) We want you to finish these sentences in your own words:

   a. (1) Most of all, I want to_____

   b. (3) I would like to forget the time I_____

   c. (6) If people would only_____

   d. (7) I know I could do anything if_____

   e.(11) I could be happy if_____

   f.(21) Other school children_____

   g.(23) People who have trouble walking_____

   h.(26) If I weren't held back by_____

   i.(29) I am worried about_____ _____

   j.(30) No matter how hard I try, I_____

   k.(31) I like to be treated_____

7. I have asked you a lot of questions -- what would you like to ask me?_____

_____

_____

_____

Experimental 124

This is an 11 year old boy of mixed ethnic background with a diagnosis of post-polio. He wears leg braces and has a noticeable limp; his degree of disability was rated "mild". He attends a health class.*

He had been in and out of a rehabilitation center in the West Indies until age 7 when the family moved to New York for better medical care for him. At the time of the study demonstration, he was an out-patient at a city rehabilitation center.

This boy is the middle child of three and is assigned his share of household chores. Both parents work, father as a plasterer; mother as a typist, and the family is financially independent.

The reader will observe the frequency with which the child's responses include reference to his handicap despite the fact that no question in the Instrument asks about the handicap. What at first glance may appear to be preoccupation with the handicap, is on closer examination a growing boy's realistic reflection of societal attitudes towards a physical handicap. If references to his handicap are separated from the rest of his responses, no one could fail to be impressed with the normalcy of those other responses.

Is not the inclusion of the references to the handicapping condition a normal response to the prejudicial societal attitude rather than unrealistic preoccupation of the boy? For an ex-

*This is a class for handicapped children, not all of whom are physically handicapped, in the regular school system.

ample of this see "c" and "k" of the sentence-completion question in the three interviews.

His responses reflect a high degree of perceptiveness and aspiration.

The Self-Image was rated as positive with improvement in Interview III. The family was rated as highly facilitating in Interview I but became less facilitating to the child by Interview III. The improvement in Self-Image rating is all the more significant since, as was seen in the analysis of a number of children in this age group, the concerns about the handicapping condition become more pressing as they approach adolescence.

Clues to the boy's improved self-image in Interview III are found in the evaluations of the boy's experiences at the Community Center and at school. In the former, he was praised for his friendly, outgoing, kind attitude and for his lack of self-consciousness about his handicap. He almost never missed a session at the Community Center, was active and "well adjusted." He was the only handicapped child in the group and had an easy-going relationship with non-handicapped younsters who were helpful to him. He was able to continue his interest in sports with other boys running for him when this was necessary.

At school, while he was nominally in a Health Class, it was as a home room for variety of different types of handicapped children. From there he attended regular classes in his subjects. It was a new and attractive school that was "departmentalized." His teachers described him as having a "marvelous personality," adding that he could be in a regular class. He was considered independent, self-reliant, superior academically, and was elected

Case Number: Experimental 124 Control_____

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	That I could walk. That I could go to college. Could play baseball.	My foot to get better. That I get promoted. That I get a good education.	My leg is better. Get a good education. Have a lot of money.
Who would you most want to be like?	Hercules A gladiator	Baseball player Don't know	Willie Mays Bob Hayes (football)
What would you most like to be when you grow up?	An artist	(not asked)	Maybe an architect
What 2 things do you like most about yourself?	(not asked)	I'm very active I don't cheat	I'm smart I don't have a bad temper about my foot
What 2 things do you like least about yourself?	(not asked)	Don't know	That I don't know how to do algebra
How far would you like to go in school? Why?	Until I get a job because you get a better education	To college. On TV it says college education - better job	(not asked)
SENTENCE COMPLETION	Interview I	Interview II	Interview III
a. Most of all, I want to ---	walk again	have a good education	have a good education
b. I would like to forget the time I--	missed a home run	couldn't play tag - couldn't run	Failed on math test
c. If people would only ---	forget I have polio	stop asking me questions about my foot	stop fighting
d. I know I could do anything if--	if I didn't have polio	if I didn't have a bad leg	my leg was better
e. I could be happy if---	I could walk like any other person	my leg would only get better	my leg was better
f. Other school children---	always try to help me	do not have a bad leg	are very nice
g. People who have trouble walking--	would like to walk again	is very sad thing. They don't have chance to do things	sometimes get mad with themselves
h. If I weren't held back by---	that boy, I would have punched the boy in the nose	my leg, could do many things	my handicap
i. I am worried about---	improving my English	my leg because it seems it never will get better	my future education
j. No matter how hard I try, I---	would like to be like others	still can't do things other children do	I can't swim so good
k. I like to be treated---	like a normal child	just like the other children	as if nothing was wrong with

President of his class.

Despite this, he was thought to resent being in a Health Class and did not always hide his resentment, sometimes not working up to his potential. He was described by one teacher as follows: "His hand was always up first when questions were asked," but the three school reports make clear that he lacked stimulation.

It is, accordingly, to be hoped that his future teachers continue to recognize and support his interest, desire, and abilty to profit. from higher education. Were this a practice case, the child's responses, in particular in the direct self-image question in Interview II - (What 2 things do you like most about yourself? ..... least?) and III, his expressed interest in a college education in response to the education question in Interview I and II and in "a" of the sentence-completion portion in Interviews II and III.-- all of these would indicate where he needs help.

It was thought it would be interesting to examine the responses of three children in the 6-year old category. Their responses reflect differences in their self-image. They all belong to white, middle-income families.

Experimental 91

This is a white boy, not quite 6 years old when the study began. His diagnosis is cerebral palsy, with monocular vision. He walks with an awkward gait; the degree of disability was rated "moderate". He attends a regular class.

This boy has a twin who is also cerebral palsied, but who has

no visible handicap. The father is disabled in one arm due to polio.

Father, at the time of the first interview, was just completing his training as a psychiatrist and the family lived in a 4-room apartment in a depressed area. By the time of the second interview, the family had moved to an upper middle-class neighborhood. The change in the living conditions is reflected in the change in the substance of the child's three wishes from first to the third interviews.

The reader gets a sense of a normal healthy child, who identifies with his father regarding a vocational goal.

His responses to what proved to be the most troubling questions: "what 2 things do you like most about yourself", and "what 2 things do you like least about yourself" - are the responses of a growing boy who has natural concerns about himself. By the third interview, it is apparent that he has internalized some of the child-rearing values of his mother that are often resisted at this age.

Self-Image remained positve throughout and the family was rated as facilitating throughout. It is interesting to note that the twin was selected for participation in the study of non-handicapped children who had a handicapped sibling. (See description page 25), and his self-image was rated as having both positive and negative aspects.

This rating of the non-handicapped boy was based on guarded responses and difficulty in answering the projective sentence-completion questions. His responses seemed to show a lack of closeness to his handicapped twin. This may be due to his resentment of the special experience

Case Number: Experimental 91 Control_____

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	A new house Money Another cat	Cat To be a policeman A bank man	To have a typewriter Dog New desk lamp
Who would you most want to be like?	Tommy (5 1/2) everyone laughs at Terry, Tommy's sister in 1st grade	Tommy Andrew friends	Tommy Warren friends
What would you most like to be when you grow up?	Policeman Doctor	(not asked)	A doctor. I'm interested in psychiatry
What 2 things do you like most about yourself?	(not asked)	I can swim & am very happy when I take my cat to my friends	Get good marks in school. Keep my nails clean
What 2 things do you like least about yourself?	(not asked)	My voice is trouble, I can't pronounce some things. Get headaches	Nothing
How far would you like to go in school? Why?	As much as can - more school, more money	Medical school. I'm going to be a doctor	(not asked)
SENTENCE COMPLETION	Interview I	Interview II	Interview III
a. Most of all, I want to ---	go to backyard	take my friends out to eat	be a doctor
b. I would like to forget the time I--	was in the hospital	was in the hospital with the operation	operation to have my feet on the ground
c. If people would only ---	say Thank you, if somebody does something	like me	have good manners
d. I know I could do anything if--	I were good	they would like me	if my father would let me
e. I could be happy if---	I were not bad, punished by staying in house	they liked me	the bad children stop bothering me
f. Other school children---	read books	might swing	don't like this school
g. People who have trouble walking--	get casts	get a cast if they are walking on their toes or a wheelchair	should have an operation
h. If I weren't held back by---	I don't know	my enemies. I had worse in the Bronx	my father
i. I am worried about---	dying	my enemies	my legs
j. No matter how hard I try, I---	I can't stop myself dying	I still end up in a fix	I can't climb any higher than 1 bar
k. I like to be treated---	nice	nice	nicely

available to the handicapped brother.[18]

Experimental 78

This is a white girl, not quite six years old when the study began. Her diagnosis is cerebral palsy. She walks with a slight limp, has limited use of left arm and hand; the disability rating is "mild". She attends a regular class. She is the youngest of three sisters. One is 16 years older, the other, 12 years older. The father seemed to resent the handicapped child.

Her responses in the first interview, considering her age and her family situation, were not a-typical. However, this trend continued to the second and third interviews with little evidence of maturation or of identification with an adult in her family. The adults she mentions as identification figures are not explained in Interviews II and III (the family or child). Since a number of her responses are phantasy, one has to be guided by the child's [redacted] expression of her problems. She does just this in Interview II, in her answer to three sentence-completion questions:

- I know I could do anything "if my father wasn't home and my mother" ..... (child was unable to continue.)

- If I weren't held back by "my father".
- I am worried about "my father."*

At the time of Interview II, the mother had died of cancer and the older sister had left the home. The father and the other sister remained in the home with the child. There is evidence of the father's concern over rearing his youngest daughter. On the one hand, he over-indulged her; on the other, he was over-anxious

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*This was frequently found to mean "I have a problem with my father."

about her up-bringing. There was considerable tension in the home. This child was described by her teachers and the group leaders in the neighborhood centers as being bright and friendly and showing no outward effects of the tense situation in the home. This is not supported by her responses which suggest problems at home from the first interview, sentence-completion ... "I want to be treated in a nice way, nobody to talk mad to me."

The child's description of her experiences suggest more ambivalence about the Center experience while the father's description of her termination at the Center in the middle of the second year "over something that happened at the center," but about which the child was vague, suggest that there were some problems in her adjustment there.

It is possible that she showed few signs of tension at school or that unless the teacher had had special training, or was unusually sensitive, this might not be readily apparent. Her self-image rating was high except in Interview III when it went down somewhat. In this situation, the child's self-image provides the clearest evidence of a problem of father-child relationship with both needing help, if this had come to the attention of a social agency. The father's description of the child's functioning provides no clues to the tension comparable to those obtained from the Self-Image Instrument. While the mother was alive, counseling with the social worker in the Center's Parent Group was advised. The child's self-image -- which remained high except for a slight downward trend in Interview III -- suggests that this child had not been close to either parent and might have begun earlier to cover up her feelings, in particular, her worries.

Case Number: Experimental 78 Control_____

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	A million dollars to buy toys. Frosty snow-cone machine. Mickey Mouse talking phone	When I grow up, pretty Skinny Hair down to my waist	To be rich. To live in a castle or a mansion. To have lots of pets
Who would you most want to be like?	Beautiful girl with long hair	The Addams family wife Jill	My neighbor Clara (adult)
What would you most like to be when you grow up?	Artist Telephone operator	(not asked)	Ballerina or an artist
What 2 things do you like most about yourself?	(not asked)	I'm a very nice girl I am happy, polite, pretty	My pierced ears My fingernails, they are long
What 2 things do you like least about yourself?	(not asked)	Wish my hair was long	Color of my eyes - green My feet
How far would you like to go in school? Why?	College, could meet lot of teen-agers. Bigger & better teacher	College, like to get a lot of homework	(not asked)
SENTENCE COMPLETION	Interview I	Interview II	Interview III
a. Most of all, I want to ---	go to sleep when I'm tired	play cards	go to the beach
b. I would like to forget the time I--	saw a scary movie on TV	had no friends	got sick
c. If people would only ---	be my friends, I would love them	forget about me	be nice
d. I know I could do anything if--	I wish for it	my father wasn't home - and my mother	I wasn't sick
e. I could be happy if---	I had a lot of little friends	could do whatever I want	I am happy
f. Other school children---	who are in kindergarten don't have desks, sit at tables	are not as good as me	go to gym like me
g. People who have trouble walking--	should go to doctor and have it fixed	have to get those big sticks	should try to walk better
h. If I weren't held back by---	a grown-up who takes my arm	my father	the law
i. I am worried about---	my little tooth that isn't out yet	my father. Jill	nothing
j. No matter how hard I try, I---	try very hard but I can't do it	I have to do it	can't do what I want all the time
k. I like to be treated---	nicely . Nobody to talk mad at me	nicely	nicely

Experimental 20

This is a white boy, not quite six years old when the study began. His diagnosis is cerebral palsy. He has a disability in his right hand, and a slight limp; the disability was rated "moderate." He attends regular class.

This boy has one sibling, an adopted brother six years older. Parents are middle-class and college-educated. Mother works and has a housekeeper. The initial clues to problems for this child occur in the absence of any identification with any family member or any adult in the first interview. His three wishes reflect negative peer relationships.

In the second interview, there is still no identification with any family member and for that matter with any other adult.

In the third interview, his identification with adults is on the most negative level of any of the study children. His response to the question in the third interview "What do you like most about yourself," and his three wishes in this same interview: "No counselors; no teachers; no children except me, Hal and my brother; no mommies and daddies," confirm the child's negative self-image, though it began on a positive level.

How to explain this in view of the fact that the family was rated as highly facilitating throughout? The mother was able to keep from the research interviewer the fact that she treated the child as if he were non-handicapped. She projected onto the child her own lack of acceptance of the child's limitations by saying that he was not aware of his handicap.

Responses in the first interview indicate a reaction to some negative pressures that were interpreted later to come from

the mother's attitude towards the child's handicap. It was only in the last interview that the mother finally mentioned that the child had perceptual problems for which he was receiving treatment. The poor relationship between mother and child was reflected in his anti-social behavior at home, at school and in the neighborhood center. The direction of the self-image rating was negative.

There was little in the family interview that provided clues to the subtle kind of pressure on this child through the mother's rejection of a child with a handicap. Mothers comparable to this one present a convincing picture of the mother-child relationship that make it difficult to identify the child's problems.* It is in such situations, if they come to the attention of a social agency, that the Self-Image Instrument can reveal problems and stimulate early social intervention, or at least encourage a high level of suspicion regarding the mother-child relationship.

Experimental 69

This is a 9-year old white boy who has lived in the present foster family since the age of 2½ years. He was abandoned at birth. His diagnosis is congenitally deformed right arm and leg. The disability was rated "mild". He was transferred from a Health to a regular class. An initial perusal of the responses on the Self-Image Instrument gives the impression that he is unduly pre-

*In a number of instances in which middle-class families were involved, the research interviewers, experienced social workers, seemed less able to discern tensions or problems and/or were somewhat "taken in" by parents close to their social class. This is elaborated in the conclusion of the discussion of the Self-Image and its application to social work practice as well as research. See Final Report.

Case Number: Experimental 20 Control_____

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	my friends should stop hitting; should be quiet & peaceful; Dennis not go so fast on his bike	go to Coney Island; get a toy; get a station wagon toy; match box cars, toy bus	no counselors; no teachers; no children except me, Hal & my brother. No mommies and daddies
Who would you most want to be like?	Ruby and Gussie - friends	my friends Mitchell (best friend)	Hal
What would you most like to be when you grow up?	conductor	(not asked)	dig up streets
What 2 things do you like most about yourself?	(not asked)	I like myself	that I'm a bad boy
What 2 things do you like least about yourself?	(not asked)	When I fight with my friends	don't like myself
How far would you like to go in school? Why?	college	9th grade. Wants to be in higher class. be a conductor	
SENTENCE COMPLETION	Interview I	Interview II	Interview III
a. Most of all, I want to ---	play with friends & they should pick bike up	play	ride my bike
b. I would like to forget the time I--	push me down	fell	No reply
c. If people would only ---	help me if I fall down with bike	play with me	keep out of here
d. I know I could do anything if--	I want to	at the Y	I like it
e. I could be happy if---	my "heart"	I play	I ride my bike
f. Other school children---	read library books	do not play with the ball	are mean
g. People who have trouble walking--	sometimes I have trouble hopping	they don't know where to line up for arts & crafts	are no good
h. If I weren't held back by---	No reply	reading	my teacher
i. I am worried about---	me	reading, also playing ball	getting home and playing with my friends
j. No matter how hard I cry, I---	can't walk, can't go fast, sometimes I fall	play	I don't care
k. I like to be treated---	don't know	like a big boy	nice

occupied with his handicap as in Experimental 124. When, however, it is seen that fully a third of his responses have to do with a desire to play baseball or attend games, his preoccupation with his handicapping condition has to be viewed as normal in light of his extreme interest in sports and the societal attitude toward physical handicaps referred to in Experimental 124.

It is significant that this child with a double handicap -- 1) he is a foster child; 2) he has a physical handicap -- should have a positive self-image. It is pertinent to indicate that in the study where the Self-Image Instrument was given to children (normal) in foster care (see page 28),only a third of those children had positive self-image ratings. The foster family in this instance was rated as moderately facilitating.

The boy's responses to questions about his experience: in the community center in which his participation was rated positive by the group leader, confirm the self-image rating. For example, to the question: "What changes would you make in the Center? At the end of the first year of the demonstration, he replied: "More books with ideas of what to do." And he was eager to return to the center, making sure of this by taking the card indicating that he would be permitted to return to the mailbox himself. His self-image rating starts out at the highest level but goes down slightly in the second and third self-image interviews. The only discernible change in his situation is transfer to a regular class upon the recommendation of his first year teacher. In the second year of the demonstration he has two teachers, one of whom is decribed by the research interviewer who made the school visit as "impatient, resentful of and lacking in understanding of the boy."

This teacher considered the boy "troublesome, not working and taking advantage of his handicap ... and that he should be in a Health Class." This is in contrast to the evaluation of his teacher in the first year who described him as "extremely bright and a leader with a wonderful personality who accepts his deformity and disability with complete lack of self-consciousness." It was this teacher who felt he should not be in a Health Class as it was not "sufficiently stimulating to him." The other teacher in the regular class, also new to the boy, felt that the change had "stimulated his interest in science, specifically electronics, and had given him self-assurance and had generally enriched him." The latter interest appears in the third interview, sentence-completion.

Whether he is concerned about the fact that he is still a foster child (i.e. has not been adopted) and, therefore, has a name that is different from that of the foster family, is not known. Does this suggest that it might be well to let this boy feel free to raise the question when he becomes concerned about it, and, instead help him to achieve his fullest potential through the best possible education and training? The writer raises the question because as a caseworker as well as a researcher, she wondered about this and her initial reaction was that this might be of some concern to the boy. Upon reflection, the writer decided at this time it was not.

Control 317

This is an 8-year old Puerto Rican girl with a diagnosis of Cerebral Palsy. She walks with a severe limp and her disability

Case Number: Experimental 69 Control_____

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	Play baseball a lot. Ride a wheeler	I was able to go to Center more than I did. Meet a baseball player & get his autograph. See another Met game.	Get a road racing set New baseball set New bicycle (larger)
Who would you most want to be like?	An unhandicapped person can do more things. Geoffrey, play baseball	(not asked)	My brother (foster) married
What would you most like to be when you grow up?	Lawyer Electrical engineer	Gary (best friend). He's bright, likes sports & spec. subjects	Electrical engineer in electronics
What 2 things do you like most about yourself?	(not asked)	I am able to be like other children. Able to make regular class	I know I can do everything other children can
What 2 things do you like least about yourself?	(not asked)	I'm handicapped Can't do some things other children can do	Nothing
How far would you like to go in school? Why?	If lawyer, law school	College, I hear it's fun. Helps get good education to be elec.eng.	(not asked)
SENTENCE COMPLETION	Interview I	Interview II	Interview III
a. Most of all, I want to ---	play baseball much better	be like other children nonhandicapped	work with electronics
b. I would like to forget the time I--	lost 5 baseball games	No reply	hurt my finger on my bicycle
c. If people would only ---	let me play more baseball games	No reply	No reply
d. I know I could do anything if--	I was not handicapped	I weren't handicapped	I would try hard
e. I could be happy if---	I was not handicapped	I did well in school	I would win some more baseball games
f. Other school children---	like to play games with me	are like me	help me a lot
g. People who have trouble walking--	I often play sitting down games	have hope they can be better	It doesn't matter (I have trouple walking, it doesn't bother me)
h. If I weren't held back by---	my handicap, I would like it very much	my handicap, I'd be happy	handicap, I would be happier
i. I am worried about---	if I could only outdo my handicap	nothing, really	getting into Jr. High school
j. No matter how hard I try, I---	I keep losing baseball games	can't win a baseball game	can't win baseball games
k. I like to be treated---	like I am not handicapped	the way I am now	like other children

is rated as "moderate" and she attends a Health Class.

She is the middle child of five children. Father is a machine operator with low-income. Mother reports that she forgets that the girl is handicapped and believes that the child also forgets; The child's version is that she "can never forget" that she is handicapped.

She omits answering many questions in the Self-Image Instrument in the first interview, particularly in the projective sentence-completion part, though she answered all but one question in Interview II and all of the questions in Interview III.

Analysis of her responses suggests that she is concerned with lack of privacy at home and the <u>population explosion</u> in the family. This is reflected indirectly in the lack of privacy in Interview III (Three wishes) and in Interview II in the fourth wish she adds: "No more babies."

Her response to the question about education suggests an unusually negative relationship to school that would need to be examined as a problem area if the family and child came to the attention of a social agency.

Another response -- this one in the sentence-completion part of the instrument -- that is atypical and indicative of a possible problem area in accepting discipline and limits is in Interview II. "I like to be treated <u>my way</u>," and her earlier respons in this interview, "Please, no high school." This is confirmed in part by clues to a poor relationship with her mother and to teachers in school.

This girl tells you where her problem areas are in Interview II in sentence-completion ---- "I am worried about schol

and my mother." Her identification with adults is questionable, though she mentions adults; this is not confirmed in other responses. Her wanting to be a teacher seems unrealistic in view of her attitude about school. See sentence-completion, Interview III. Her self-image was rated as ambivalent, i.e., containing some positive and some negative aspects with the third Self-Image responses suggesting more negative than in the first two.

What the Self-Image data suggest is that she has little confidence in adults, confirmed by the superficial level of her communication. It would be important to help her to gain confidence sufficient to feel free to communicate on a deeper level.

Her problems seem to be of long standing for prior to the beginning of the Children's Integration Study in 1965, she had attended a segregated recreation camp and it was reported that she preferred to play by herself and did not readily participate in activities with other children. Her teachers noted that she was a "follower" with respect to her classmates. All the adults who have had contact with her refer to her "hot temper". It is likely she had considerable anxiety that is manifested by her struggles to have "her way", or go it alone.

It is significant that three of her siblings were interviewed in the student thesis concerning the non-handicapped siblings of the Integration Study's handicapped children. All three were rated as having a positive self-image. This raises the question as to the meaning of the mother's belief that the girl forgets she has a handicap. In a practice situation, it would still be important to establish confidence with the girl as a basis for sensitive communication. Minimal contact with the mother

Case Number: Experimental_____ Control 317

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	typewriter; to be a therapist to teach children; pizzas	box of crayons sun glasses; had my own house; no more babies	typewriter; my own room and closet. I don't like anyone wearing my clothes
Who would you most want to be like?	My aunt Anna my mother	my mother; my father	teacher
What would you most like to be when you grow up?	a teacher a mother	(not asked)	Santa Claus Dick VanDyke (much laughter)
What 2 things do you like most about yourself?	(not asked)	I don't know	can't think of anything
What 2 things do you like least about yourself?	(not asked)	I don't know	my clothes
How far would you like to go in school? Why?	I don't know	I don't know - please, no high school	(not asked)
SENTENCE COMPLETION	Interview I	Interview II	Interview III
a. Most of all, I want to ---	be a typist	be a camper	play
b. I would like to forget the time I--	No reply	bad	went to school
c. If people would only ---	No reply	No reply	watch out
d. I know I could do anything if--	No reply	I like	wasn't like this
e. I could be happy if---	I had no braces on	I want	I'm not like this
f. Other school children---	go to school	like to work, paint	play with me
g. People who have trouble walking--	put braces on	have to go in wheelchair	can't jump
h. If I weren't held back by---	no reply	the teacher	my father
i. I am worried about---	I'm crippled	the school and my mother	my clothes when they shrink
j. No matter how hard I try, I---	No reply	can do better than that	can walk
k. I like to be treated---	nice	my way	like a girl

can be developed after meaningful communication has been initiated with the girl.

Control 324

This is a 7-year old white boy with a diagnosis of cerebral palsy. He uses crutches and braces. He has some use of his hands but has difficulty in writing. His disability is rated as "severe." He is in a Health Class.

This boy is the fourth of five sons. Father is a high school graduate and runs a T.V. store. Mother had some college courses and is an active volunteer in the community in children's work in hospital and school and in a rehabilitation organization. This is a middle-income family.

From the response to the Self-Image Instrument, one gets the impression of an immature child. This is confirmed by responses in the third interview. This impression is supported by his ambivalence between wanting to be older to be able to do things older boys do; and wanting to be like his baby brother, his inability to answer the question: "What two things do you like most about yourself?.....least?" He is able to answer only the second part of the question only in the third interview, "Plenty". His responses to the sentence-completion part, in all three interviews: I would like to forget the time I "was born", suggests that his parents have some difficulty accepting a handicapped child, despite their involvement in rehabilitation volunteer work. Clues are found in the family interviews which include evidence of over-protectiveness on the part of the mother. In addition, she reacted to a series of agree-disagree statements with space for

comments that were encouraged in family Interviews II and III as if these were directed at her personally. The Interviewer notes: "Mother was upset by some of the statements, notably the one regarding school. She seems to find it hard to face the fact that he is not as bright as his brothers. During the first year of the demonstration a visual impairment was found that seriously affected his school work, in particular, his reading. By the time of the second Self-Image Interview, he had made "remarkable and sudden progress," according to his teacher having learned to read and write. It is not surprising that the child should be expressing troubled feelings mingled with some confusion in sentence-completion: If people would only "help me;" in I; "leave me alone," in II; and "listen to me" in III. Additional confusion is reflected in his response in sentence-completion - I am worried about "my sons", "my baby," "school." The responses in Interviews I and II are probably comments he has heard his mother make.

While the boy's responses, in part, at least, suggest some concern and/or problem in school, this is not confirmed by reports from his teachers. His relationship with peers and with teachers was considered good. Moreover, in the second year it was reported that he got along extremely well with the other children who thought he was "pretty wonderful". They had watched him grow from just sitting there, to participation in everything. His enthusiasm for achieving was so great that he could 'electrify the class.' He began to read all of a sudden. Additional improvement was noted in his relationship to his teacher. Whereas in former years (he had known the teacher before the Integration Study began) he had done everything to please , this year he made

Case Number: Experimental_____ Control 324

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	A new Irish mail (maid?); TV; radio	I could walk; get a bicycle; was 20 and could drink	myna bird; brother & big boys to stop hitting me; get rid or crutches
Who would you most want to be like?	Peter (baby brother) my mother	Steven drives a motor cycle Michael	Steven
What would you most like to be when you grow up?	bus driver fireman	(not asked)	actor (my mother says I'm one)
What 2 things do you like most about yourself?	(not asked)	No reply	No reply
What 2 things do you like least about yourself?	(not asked)	No reply	plenty. tipping over
How far would you like to go in school? Why?	don't know	College	(not asked)
SENTENCE COMPLETION	**Interview I**	**Interview II**	**Interview III**
a. Most of all, I want to ---	jump	play	actor
b. I would like to forget the time I--	was born	was born	was born
c. If people would only ---	help me	leave me alone	listen to me
d. I know I could do anything if--	don't know	tried	try
e. I could be happy if---	I went to school	I wanted to	I didn't go to school
f. Other school children---	ride on the bus	play	like me
g. People who have trouble walking--	ride on the bus	use a wheelchair	sad, like me
h. If I weren't held back by---	don't know	you	feet, I would fall
i. I am worried about---	my sons	my baby	school
j. No matter how hard I try, I---	work anyway	still get no help	don't know how to do it
k. I like to be treated---	normal	human being	Nice

Case Number: Experimental_____ Control 324

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	A new Irish mail (maid?); TV; radio	I could walk; get a bicycle; was 20 and could drink	myna bird; brother & big boys to stop hitting me; get rid or crutches
Who would you most want to be like?	Peter (baby brother) my mother	Steven drives a motor cycle Michael	Steven
What would you most like to be when you grow up?	bus driver fireman	(not asked)	actor (my mother says I'm one)
What 2 things do you like most about yourself?	(not asked)	No reply	No reply
What 2 things do you like least about yourself?	(not asked)	No reply	plenty. tipping over
How far would you like to go in school? Why?	don't know	College	(not asked)
SENTENCE COMPLETION	Interview I	Interview II	Interview III
a. Most of all, I want to ---	jump	play	actor
b. I would like to forget the time I--	was born	was born	was born
c. If people would only ---	help me	leave me alone	listen to me
d. I know I could do anything if--	don't know	tried	try
e. I could be happy if---	I went to school	I wanted to	I didn't go to school
f. Other school children---	ride on the bus	play	like me
g. People who have trouble walking--	ride on the bus	use a wheelchair	sad, like me
h. If I weren't held back by---	don't know	you	feet, I would fall
i. I am worried about---	my sons	my baby	school
j. No matter how hard I try, I---	work anyway	still get no help	don't know how to do it
k. I like to be treated---	normal	human being	Nice

appropriate demands, and asserted himself."

The progress the boy made in school may account for the slight improvement in his self-image, which was assigned a middle rating in Interviews I and II, i.e., it included some positive and some negative aspects. On the basis of the third Self-Image Interview, the rating was positive.

This leaves the parents and the child's relationship to them as the problem area. It is significant that nowhere in the Self-Image data does the child mention his father. The family was rated as facilitating. As indicated in earlier illustrations, even skilled social work interviewers were often "taken in" by middle-class parents. In all other respects, except for the mother's over-protectiveness and concern over his functioning in school, it was a facilitating home.

In a practice situation, having the child's self-image before comprehensive assessment of the home and parental attitudes, and handling of a child are made, whether handicapped or non-handicapped, is of diagnostic importance, leading to a more critical examination of child-rearing practices and the meaning to the child in question of parental over-protectiveness.

Experimental 131

This is a black 9-year old boy. The diagnosis is post-polio (from age 2½). He wears a long-leg brace and walks with a limp. His disability is rated "severe." He attends a Health Class.

This boy is the second youngest of five children living with their paternal grandparents. Mother's whereabouts are unknown. Father does not support the boy, but keeps in touch occasionally.

Grandparents act in all respects as the real parents. Grandmother is sensitive to the needs of this child. She commented in the first interview that he sometimes says nobody loves him and that the children wen't play with him because he has polio.*

The data from the Self-Image Instrument in the first interview show lack of identification with any adult in or outside the family. The interviewer noted that he "blocks" in responding. The next time the question is asked, he names Robert Kennedy. Since grandmother is the real head of the household rather than the grandfather, and the father is seldom in the home, it is not surprising that he does not name a member of his family whom he wants to be like.

Despite evidence of preoccupation with his handicap in the second and third interviews, he makes a good adjustment in school, having two different teachers in the first year, one of whom was "prejudiced" and labeled him "a dope". The second teacher found him "very quiet ... holding his own academically though not working as hard as he could."

In the second year the class elected him vice-president and the new teacher thought he could function in a regular class.

The self-image rating was positive in the first interview and showed further improvement in the other interviews. This improve-

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*It is the writer's observation that because of past epidemics of poliomyelitis, non-handicapped children believe that the disabling effects of polio and other physical handicaps are "catching" and, hence, avoid these children as playmates. This is based, in part, on a research essay that was written by a graduate student about siblings of physically handicapped children.

Case Number: Experimental 131 Control_____

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	Toys. Work book in arithmetic. Wish I could do homework	I could walk good; could play with other kids. Other kids not bad	To get rid of handicap To play with other kids To be able to do all other kids can do
Who would you most want to be like?	No reply	(not asked)	Robert Kennedy
What would you most like to be when you grow up?	Engineer Ball player	A nice person President	To work at a desk
What 2 things do you like most about yourself?	(not asked)	Way I play ball. I'm good and I like to do work	I make a lot of friends. Have a good personality
What 2 things do you like least about yourself?	(not asked)	nothing	That I got polio; can't run or play with other kids
How far would you like to go in school? Why?	College - good education so can get good job	College so can get job easy	(Not asked)
SENTENCE COMPLETION	**Interview I**	**Interview II**	**Interview III**
a. Most of all, I want to ---	play	work	Forget that I am a cripple
b. I would like to forget the time I--	work	was bad	first caught polio
c. If people would only ---	play with me	be kind	that I was well like the others
d. I know I could do anything if--	I try	I try	I didn't have polio
e. I could be happy if---	I do something	I was not handicapped	I was like other children
f. Other school children---	work	don't like to work	can run and jump better than I could
g. People who have trouble walking--	are handicapped	walk with crutches	have polio too
h. If I weren't held back by---	people	polio	polio, I could do all things other children do
i. I am worried about---	that I will not make test	nothing	I may get hit by an auto some day
j. No matter how hard I try, I---	do it	can't run	will always work hard
k. I like to be treated---	nice	kind	right and have good manners

ment had its parallel in the school situation and in the child's satisfaction with the center program where he was popular with the other children in his group. This is reflected in his response in the third interview to a direct self-image question, one that he had been unable to answer in the previous interview. What two things do you like most about yourself?.... least? "I make a lot of friends. I have a good personality." .... And to least, ... "that I got polio. That I can't run or play with other kids."

The grandmother in her role as parents -- not just one -- is as yet unable to provide male identification for a sensitive boy who has apparently not known either his mother or father. It is all the more remarkable that his self-image should be positive and show improvement.

If only the interview with the grandmother had been held, it is more than likely that a social worker would have assumed that the child had far more, and more serious, problems than is the case. In this situation the Self-Image Instrument made possible sensitive and meaningful communication that helped to provide evidence of strengths. This is a good illustration of the importance of hearing from the child before obtaining too much data concerning him from the adults in his milieu.

Experimental 119

This is a ten year old white girl with a diagnosis of congenital deformity resulting in her being pigeon toed. She has a problem with vision. Her disability was rated as "moderate". She attends a Health Class.

She has a twin brother and an older brother. Both parents have had high school education. Father is a construction worker. The family live in an attractively furnished modern 5-room apartment in a middle-income suburban area.

It is apparent from the self-image data that this girl is ambivalent toward growing up, some of which seems to be related to her nonphandicapped twin. Close examination of her responses indicate that she both wants to be an adolescent and also a baby. Her identification in the first interview is not with an adult; but one of her occupational goals is to be a nurse, to help other children. This suggests that she sees some positive in growing up.

By the second interview she makes explicit her ambivalence; "Sometimes I wish I were grown up, or sometimes I wish I were a baby so my mother would pay more attention to me than my brother" (her twin). Also the superficiality of her educational goal reflects her mother's goals for her, "to meet a nice young man and get married."

This girl's responses to the projective part of the Self-Image Instrument indicate that she is moving in the direction of wanting to grow up. For example, -- I like to be treated "like a grown girl". If people would only "treat me more grown up. My mother treats me like a two year old." I like to be treated "between 12 and 13" -- her actual chronological age.

There is evidence from the self-image data that the mother is over-protective. The girl makes no reference to her father. This is another illustration not merely of the importance of but also the value of obtaining as much insight as possible into the

Case Number: Experimental 119 Control _____

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	Toy. An aide to clean the house. Baby girls in house - I love them	That I was a queen. That I didn't have to go to school. That I didn't have anything wrong with me	A colored TV. To be Judy Robinson in Lost in Space. Biggest house in world
Who would you most want to be like?	My friend upstairs. My cousin - she's a baby & I want to go back to the baby age	Mother My friend	Janet C., friend Marlin Checkerly
What would you most like to be when you grow up?	Nurse, to help other children Secretary	(not asked)	Nurse
What 2 things do you like most about yourself?	(not asked)	that I like to be friends. That I dive in the water	I'm intelligent
What 2 things do you like least about yourself?	(not asked)	When I make mistakes & get mad. Wish I were grown up, or a baby	I walk around at night & wake my brother Don't like handicap
How far would you like to go in school? Why?	College - fun and you go to dances	All the way up. To work in a store; get what you want free	(not asked)
SENTENCE COMPLETION	**Interview I**	**Interview II**	**Interview III**
a. Most of all, I want to ---	read	be a store worker	grow
b. I would like to forget the time I--	was the naughtiest	broke something in the house	hurt my finger
c. If people would only ---	be good	work harder so that our world would be better	treat me more grown up Mother treats me like a 2 year old
d. I know I could do anything if--	somebody helps me out	I try	I tried
e. I could be happy if---	I had no problems with school	I worked harder	I help other people
f. Other school children---	have more problems than I do	don't have anything wrong with them & some do	are not handicapped
g. People who have trouble walking--	try their hardest	try to do what other people do	are handicapped
h. If I weren't held back by---	spelling, I would learn more things	sometimes, my brother	school work
i. I am worried about---	spelling mostly and brother and mother	sometimes, school	reading
j. No matter how hard I try, I---	lose	can't do it	sometimes can't do it
k. I like to be treated---	like a grown girl	good	between 12 and 13

child's view of his situation, involving parent-child relationships which provide clues to a diagnostic evaluation of parental child-rearing.

Experimental 158

This is a 7-year old white boy with a diagnosis of multiple congenital anomalies and club foot. He has fair ability in walking; the disability was rated "mild". He attends a regular class.

This boy is the youngest of three children. Parents are college graduates. Father is a civil engineer. The family has middle-class status.

This first interview was rated positive, though not at the highest level. The only clue to a possible area of concern is the absence of identification with a member of his family in view of the fact that his other responses were not atypical of a child of his age and social status -- either positive or negative.

In the second interview, his only wish is: "to be a big boy." His identification is with one of his brothers. His responses to the question: What two things do you like most ... least... about yourself, are of interest--the first is inappropriate -- and he does not answer to the second part.

In the third interview his one wish is to have more friends. He wants to be a teacher when he grows up. B U T -- the next three questions are not answered at all. This lack of response was invariably an indication of concern and stress in some area. This is also reflected in the sentence completion question: I would like to forget the time I "was born". Also, atypical and indicative of ambivalence about growing up is: I could be happy if "I was young".

Another item was: I am worried about "other people who die."

This is one of the few children in the Children's Integration Study whose self-image dropped from a positive rating to the lowest rating.

It was thought important to include here a few excerpts -- without giving a complete set of responses -- in order to point up the kind of insight that even very young children can provide under the stimulus of meaningful communication. In this study it was insight into the world of the physically handicapped, frequently compounded by minority group problems and low socio-economic status along with other social handicaps. The first two are illustrative of the need for awareness of what life is like in an urban ghetto for a black child who is physically handicapped.

A. This is a 10-year old black boy whose diagnosis is post-polio (from age 7). His left leg is affected, and the disability was rated "mild". He is in regular class at school.

At the beginning of the Integration Study he was living with his parents and a younger brother in a two-room apartment with all members of the family sleeping in the living room. Since the father was unemployed, the family were receiving public assistance. By the end of the first year, the father had left the home. The family was facilitating. The boy's self-image began on a positive level, went down slightly after his father left home and went up to the original positive level in the third interview. Although the boy did not indicate identification with either parent, his vocational identification is: engineer, teacher, and social worker and in the third interview, he wants to be like a man who is a

Case Number: Experimental 158 Control_____

QUESTIONS	Interview I	Interview II	Interview III
If you had three wishes, what would you wish for?	train set Monopoly Do homework, go to park	Be a big boy	have eore friends
Who would you most want to be like?	Fernando (best friend) Brothers	My brothers	No reply
What would you most like to be when you grow up?	Fireman Doctor	(not asked)	teacher
What 2 things do you like most about yourself?	(not asked)	Playing after school	No reply
What 2 things do you like least about yourself?	(not asked)	No reply	No reply
How far would you like to go in school? Why?	College, learn a lot	Finish college	
SENTENCE COMPLETION	**Interview I**	**Interview II**	**Interview III**
a. Most of all, I want to ---	play games	fireman	be a teacher
b. I would like to forget the time I--	nighttime	was small	born
c. If people would only ---	like to go to the store	be kind	be kind
d. I know I could do anything if--	I went to play in the park	I was good	it was easy
e. I could be happy if---	I play	I was good in school	I was young
f. Other school children---	like to read	are happy	like me
g. People who have trouble walking--	go to the hospital	are sad	need a walking stick
h. If I weren't held back by---	my jacket	my brother	the teacher
i. I am worried about---	sleeping	me	other people who die
j. No matter how hard I try, I---	I "rite"	work	would be good
k. I like to be treated---	candy	a big boy	nice

neighbor.

Relevant responses from the Sentence Completion series are:

Interview I: I could be happy "if somebody makes jobs".

After all, he lost his father primarily because the latter could not find work. In Interview II, he said he wants to be "a workman" indicating some identification with his father. In all three interviews, his responses reflect the atmosphere and pressures of ghetto life in New York.

In terview I: If I weren't held back by "them big kids".

Interview II: He likes most about himself that "I'm nice; and I never like to start fights".

He does not say what he likes least about himself though his self-image improved and was rated positive.

Interview III: If people would only "stop killing and robbing."

If I weren't held back by "fighting".

I am worried "when I have to start fighting."

This boy is described by the community center personnel as "creative, enthusiastic, cooperative, but confused at times, and relating well to both handicapped and non-handicapped children." He was average in school, somewhat shy, got along well with peers and teacher.

Without awareness of what it is like for a physically handicapped boy to live in New York City's ghetto, especially if he is not interested in violence or anti-social behavior, a middle-class psychiatrically oriented social worker might interpret this

boy's responses as evidence of psychological problems or instability[19] rather than a reaction to his milieu.

B. The fear of bigger and older boys, of having to fight as part of a way of life recurs among Negro children in the Integration Study, for example in this nine-year old Negro, whose diagnosis is cerebral palsy, with the disability rated as "mild". He is the third of four children. The family is supported by welfare. Parents have been separated since this child's birth. Family is really the mother -- facilitating. This is reflected in the boy's self-image, positive to begin with, going down in the third interview. He is "slow academically" in school but makes an excellent adjustment with classmates, and in the center. He likes most about himself that "I get dressed myself, and can play baseball; -- least -- "getting hurt; when somebody hit me with a stick", also least -- "I don't like to fall a lot, --- I don't like to fight my friends."

In the Sentence-Completion series, he responds:

Interview I: If people would only "stop fighting." (This was repeated in Interview III, 2 years later.)

If I weren't held back by "a boy".

Interview III: If I weran't held back by "a policeman."

Despite poor academic work in school, his educational goals are "college" so he can get a job. (He means a job of dignity that will provide adequate income.)

From a framework of pathology and psychology and a slight knowledge of the family's living conditions and income, it would be easy for today's middle-class social workers (despite increasing awareness of the impact of urban ghetto life) to assume

weakness where there was strength and the will not merely to survive, but to live peacefully and honorably. If this situation came to the attention of a social agency, it would be imperative to support this boy's goals and not assume he was incapable of further education without providing him with the opportunity.

C. The following is illustrative of the usefulness of the Self-Image Instrument if problems are to be discerned by parents and other adults in a child's environment before they become too serious. It is by means of sensitive communication with a minimum of structure that the child -- or adult -- is free to express how he feels about people in his milieu, his satisfactions, dissatisfactions, concerns. It is not always easy for family members to observe changes that occur gradually but seem to take place suddenly.

This is a ten-year old girl with a diagnosis of ataxia, secondary to probable cerebellar atrophy of uncertain origin. She cannot walk long distances. The disability was rated "moderate". She attends regular class.

She has a brother half her age. All of the family were born in the Middle East from which they fled as refugees, migrating to the U.S. in 1962. The father is employed as a bank clerk; mother works part time as a typist. Their combined income is lower middle-class.

In the first self-image interview, the girl most wants to be like her young brother, and father. She seems to regard the former as her rival: "I wish my brother would let me do whatever I want." This rivalry is confirmed by responses in the Sentence-

Completion series, notably, If I weren't held back by "my brother." This type of response was found to mean, "I have a prbblem with ....."

In Interview II, there are inappropriate responses: indication that she has become concerned aver a number of problems; for example, she responds to the question "What two things do you like most about yourself? "The way I get mother to do things." In Interview III, in response to the same question, the interviewer adds to the "No response," child seemed embarrassed. In addition, she "hates school" where before she was making a good adjustment.

Without any additional knowledge of the family situation as to what might be causing the change in the child's reactions, it can be assumed that being able to control her mother is anxiety producing. This is confirmed, in part, by her embarrassment at responding to what she liked most and her inability to indicate what she liked least about herself. These are among the signs of great anxiety, with her embarrassment a clue or possibly even a call for help.

Needless to say, her self-image went down. The mother seemed to be unaware of the rivalry between the two children. There is some evidence of a covert over-protectiveness on the part of the mother.

D. The following illustrates the importance of a frame of reference in viewing problem situations with which social agencies are asked to help, or in which they are asked to intervene that emphasizes strength and potentiality, as well as highlighting the awareness children have of over-protectiveness on the

part of parents.

This is an 11-year old white boy whose diagnosis is cerebral palsy. The left side is affected. He walks with a noticeable limp. The disability was rated "mild". He is the younger of two boys in a family that is lower middle-class by the father's income but because they live in the house of the paternal grandparents, the standard of living is somewhat higher.

This boy was one of the few children in the Integration Study who gave this response: If I weren't held back by "my mother being over-protective." The interviewer notes that both mother and a paternal aunt were over-protective, adding: "mother has made a tragedy out of the boy's handicap." The father is described as placing a high value on physical appearance and was "disappointed and bitter" at the child's handicap.

Had the above information been obtained from the family before an interview with the handicapped child involving the kind of communication facilitated by the Self-Image Instrument, it is likely that a social worker would be concerned about the effect on the boy. It might have been assumed that this would be reflected in his self-image, which would then be rated negative. Examination of the three interviews provide striking evidence of a self-image that is one of the most positive and one that includes unusually perceptive responses.

How to account for the boy's positive self-image, recognizing the role that parents play in the self-image of children in the 6-12 age group?

The boy's school and center experiences were positive, and among the extended family, he sought and found support to compen-

sate for the above over-protectiveness. Also, the father's "disappointment and bitterness" may have lessened in response to the boy's achievements.

For example, there is evidence in the family interview that the boy is able to explain to his father his resentment when his mother does not let him do things he knows he can do. Also, the grandparents and other extended family provide the boy with warmth and attention. And, most important, the Center which the boy attended had parent groups and the interviewer reports that the "mother changed a lot through her attendance at the Parent Group sessions."

This kind of verification is more readily done and on a more constructive basis in a social work situation after the child, as in this illustration, has provided essential clues.

The references and recommendations to be drawn from this illustration are:

1) the importance of recognizing the potential of adults as well as of children;

2) the need to bring up to date the diagnostic evaluations;

and 3) the necessity of recognizing the fact that children seek support for growth wherever they can. This need not necessarily come from biological parents, though in this instance, parents were involved in stimulating the child's growth.

C O N C L U S I O N

The use of the Self-Image Instrument in the Children's Integration Study was for research purposes. When initiated at the beginning of the study, the objective was simply to obtain as significant and reliable data as possible from the children in the testing of the two major hypotheses. The illustrations of the responses by the study children when the Instrument was used to facilitate meaningful and sensitive communication have primary applicability to social work practice as follows:

1) to show that young children can communicate frankly and directly through their responses;

2) to show that children can communicate indirectly and meaningfully through no response or inappropriate responses to questions that are disturbing or difficult;*

3) to provide evidence that in this self-evaluative communication, the child also points up areas of concern and problems;

4) to suggest that for practice it is important that what the child tells by means of the Instrument be obtained before too much credence is attached to parents' presentation of the child's problem, whether that be in school, at home, or in other areas of his functioning.

It should be noted, as well, that the Instrument can be used in a wide variety of situations that come to the attention of social agencies and that it can be used with additions and modifications as was seen in the last two Master's theses discussed, the study of the self-image of non-handicapped siblings of the Integration study population; and the study of the self-image of children in foster care.

The question arises: Are there special requirements for the use of the Self-Image Instrument? Yes and no. What is required

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*This occurred most frequently in instances where children had a negative self-image.

is essentially little different from skilled interviewing in sensitive areas with a variety of children, and the following:

1. The absence of any prejudicial attitude.

2. Confidence that the child (or adult) can provide significant self-evaluative data irrespective of his education and/or social class. Frequently, inability to communicate is assumed before any effort is made to establish a basis for communication.

3. It is of prime importance that the interviewer have a high degree of tolerance for silence or hesitancy on the part of the interviewee so that he does not feel pressured to answer before he is ready.

4. Another requirement is awareness that except for the minimal structure provided by the instrument, the interview should be non-directive.

The social worker should not focus on problems -- real problems, to be sure -- but ones for which a child bears little or no responsibility. Emphasis on the physical handicap in the case of the Children's Integration Study with its societal consequences; or in the case of children in foster care, emphasis on the social handicap -- these make the child feel accountable, even bad. Under these circumstances, he is not likely to indicate how he really feels. In short, an emphasis on problems and pathology tends to cut off communication.

5. The interviewer must have understanding of and sensitivity to all kinds of people with whom one may have had little or no prior contact, together with sensitivity to the non-verbal communication that occurs in all interviewing, sometimes negating the verbal communication.

Lack of awareness of the meaning of non-verbal communication is one of the ways in which prejudicial attitudes are perpetuated.

The writer believes that the kind of communication presented and illustrated is all the more important in light of the lack of research as to the effects of television on children. Sensitive

communication with children has never seemed more important than at this time when there is no opportunity to correct the distorted impression they may be receiving. There are many settings where the Self-Image Instrument would be a useful diagnostic tool -- with or without additions and modifications applicable to the particular service-- any setting in fact, where understanding of the individual is a pre-requisite to planning treatment or programs. Such a list might include: family and child care agencies; child guidance and psychiatric clinics; hospital and rehabilitation centers, school social work departments.

It is important to ~~gather~~ infer from the communication what the person can do. In this regard one final word must be stressed: it is essential, whether using the Instrument with children or adults, to place emphasis not on weakness but on strength; not on pathology but on health.

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R E F E R E N C E S

[1]Deschin, Celia S., Children's Integration Project -- Final Report. Study co-sponsored by National Institute of Mental Health and the New York Service for the Handicapped. New York, 1970.

[2]Deschin, Celia S., The Relation of Socio-Economic and Cultural Factors to an Understanding of Illness. Ph.D. Dissertation, microfilm 580 pages. New York University, 1958, pp. 445-541.

[3]This is elaborated in the writer's paper: Research Interviewing in Sensitive Subject Areas: Some Further Applications and Suggested Principles, Social Work, Vol. 8, No. 2, New York, April 1963.

[4]Deschin, Celia S., Ph.D. Dissertation, Chapter II, pp. 39-63.

[5]Plant, James S., Personality and the Cultural Pattern. New York: The Commonwealth Fund, 1937.

[6]The defense of the interview method as a research technique that was necessary to convince the University's Outline Committee, in particular, its use with poor and minority group patients with little formal education, required critical examination of the role of interviewing in research. This made the writer aware that social work had failed to make adequate use of this method for which it provides the best training. Instead, it was moving in the direction of "so-called" more objective and more readily standardized research techniques - a tendency that still prevails. At any rate, the rebuttal to the Outline Committee resulted in the article: Psychiatric Casework Interviewing as a Research Method in the Human Relations Field, Journal of Psychiatric Social Work, April 1953.

[7]Deschin, Celia S. Dissertation References 2 and 4, pp. 66-72.

[8]Deschin, Celia S., Teenagers and Venereal Disease: A Sociological Study, 1961, U.S. Department of Health, Education, and Welfare, Public Health Service, Chapter II: A Bird's Eye View of Twentieth Century Culture Relevant to the Research Problem. The chapter includes a description of this cultivation of adolescents for profits along with other social pressures impinging on youth that are adult in origin but for which adolescents are frequently held responsible.

[9]Martin, W., Relevance of Research in Child Development to Child Welfare, in The Known and Unknown in Child Welfare Research: An Appraisal, W. Norris, and B. Wallace, (Eds.) National Association of Social Workers. New York, 1965. pp. 23-26.

[10]See Chapter VI of the writer's study (Reference #8) The Teenagers View Themselves, for analysis of the self-image questions, pp. 89-101. For details regarding the approach to the interview and the methodology, participation and response of adolescents together with illustrative case material, see Appendix B and C, pp. 144-168.

[11]Goody, Henry E., et al. The Meaning of Integrated Group Participation to the Handicapped Child and His Family. Master's thesis, Adelphi University Graduate School of Social Work, Garden City, New York, June 1966.

[12]Jacobsen, Margaret C., et al. A Study of the Problems of the Severely Orthopedically Handicapped Child and His Family. Master's thesis, Adelphi University Graduate School of Social Work, Garden City, New York, June 1967.

[13]Coven, Estelle W., et al. A Study of the Self-Image of Children with an Orthopedically Handicapped Sibling. Master's thesis, Adelphi University Graduate School of Social Work, Garden City, New York, June 1968.

[14]Wright, Beatrice A., Physical Disability - A Psychological Approach. New York: Harper and Brothers, 1960, p. 118.

[15]Bellafatto, Carmen C., et al. A Study of the Self-Image of Children in Foster Care. Master's Thesis, Adelphi University Graduate School of Social Work, Garden City, New York, June 1968.

[16]Taken from Weinstein, Eugene, The Self-Image of the Foster Child. Russell Sage Foundation, New York, 1960.

[17]Taken from Cruickshank, William M. (Ed.), Psychology of Exceptional Children and Youth. (Cruickshank's Chapter 6: Psychological Considerations with Crippled Children. Questions Nos. 28, 19, and 24 of the Projective Sentence-Completion test, pp. 328-329). Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1963.

[18]In the Master's Thesis: A Study of the Self-Image of Children with an Orthopedically Handicapped Sibling, (Reference #13) a number of non-handicapped siblings seemed to resent the special attention and experiences provided for the handicapped child. Many did not understand why this was necessary, and few parents have thought of explaining the need for the extra and different attention. It is, therefore, recommended that mothers of physically handicapped children be helped to provide this explanation as a way of improving relationships among the siblings.

[19]It is hoped that social work has moved from a position some years back when shock was expressed that Negro patients who had moved North had experienced violence, threats to their lives, as well as indignities difficult for a middle-class person to accept. This occurred when the writer presented a paper at the then American Association of Psychiatric

Social Workers: How Can Social Work Make a Contribution to Psychiatric Theory? - in which case material reflected the impact of violence on patients. Hopefully the field has moved from disbelief and a feeling that this did not need to be made explicit. The question arises: Has it moved far enough to be impelled to accept as part of its responsibility -"Analysis, identification and documentation of socio-environmental factors that prevent healthy personality development as well as those factors that prevent healthy personality growth and functioning...."(Deschin, Celia S., Journal of Psychiatric Social Work, Vol. XX, No. 2).

[20]Wylie, Ruth C. The Self-Concept. Lincoln, Nebraska: University of Nebraska Press, 1961. Since the data for the self-image evaluation in this monograph were obtained by social--not psychological--instruments, Wylie's conclusions as to the scientific status of "the self concept" were not applicable and, hence, not included.

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